

1 **Manuel A. Gonzalez, (In Pro Per)**
2 **2090 Cable Street**
3 **San Diego, California 92107**

FILED

NOV 14 2012

**STATE BAR COURT
CLERK'S OFFICE
LOS ANGELES**

4 **STATE BAR COURT**
5 **HEARING DEPARTMENT-LOS ANGELES**

6
7
8 In the Matter of:
9 Manuel Angel Gonzalez
10 No. 219130

Case No.:12-N-16025; 12-O-12219; 12-O-12410; 12-O-12507; 12-O-12759; 12-O-13128

**RESPONSE TO NOTICE OF
DISCIPLINARY CHARGES**

11 A Member of the State Bar
12
13

14 **COUNT ONE**



16 It has been alleged that Manuel Angel Gonzalez, hereinafter "Respondent" has willfully
17 failed to comply with Rule 9.20, California Rules of Court. On 07/21/12, Respondent suffered a
18 massive Hemorrhagic Stroke. See letter dated 07/24/12 as **Exhibit A**. An MRI, as **Exhibit B**,
19 revealed that in addition to Respondent's massive stroke of 07/21/12, he had suffered from several
20 multiple "mini-strokes" during the previous two years. Cumulatively and on an individual basis, these
21 medically significant episodes had and continue to have, a negative impact on Respondent's memory,
22 function and other cognitive impairments. See, articles attached as **Exhibit C**. While in the
23 Intensive Care Unit on or about 07/24/12 respondent had or caused a letter to be created, See Exhibit
24 A dated 07/24/12. Respondent, while suffering from paralysis, fatigued by multiple medical
25 procedures and on medication, attempted to communicate his situation to the State Bar via telephone
26 and fax. (See call logs also as **Exhibit D**). On one such communication, respondent was told "not to
27
28

1 worry” and “to take the needed time to recover as first priority.” That respondent communicated that
2 he could not handle his personal affairs, could not provide “self-care, “and such as described in the
3 faxed letter. (See Declaration of Manuel Gonzalez). Further, respondent has caused to be filed a
4 9.20 affidavit to the Court,
5

6 **COUNT TWO-COUNT FIVE**

7 Respondent provided services to Urias and discussed the suspension. Respondent provided
8 services to Urias.

9 **COUNT SIX**

10 Respondent offered an accounting.

11 **COUNT SEVEN**

12 Respondent was in constant communication with Castillo. Respondent told Castillo in detail
13 about respondent’s suspension.
14

15 **COUNT EIGHT**

16 Respondent is desirous of cooperating with all parties at a resolution of this matter.
17 Respondent’s prior health problems had a direct effect with prior resolution of this matter.
18 Respondent now is in recovery and is desirous of a resolution of the matter.
19

20 **COUNT NINE**

21 Respondent communicated to Castillo that respondent could no longer represent.
22 Respondent had lengthy conversations with Castillo as to other counsel.
23

24 **COUNT TEN**

25 Respondent is desirous of cooperating with all parties at a resolution of this matter.
26 Respondent’s prior health problems had a direct effect with prior resolution of this matter.
27 Respondent now is in recovery and is desirous of a resolution of the matter.
28

COUNT ELEVEN

Respondent had updated Castillo as to accounting with respondent.

COUNT TWELVE

GARCIA wished respondent to review his matter and get an additional opinion. The agreed
fee was \$3,000.00. GARCIA issued a check with insufficient funds. Later a check in the amount of
\$2,000 was issued. Respondent appeared at the 01/30/2 hearing. Contrary to assertions, it did not

1 take "five minutes." That particular hearing took several hours of respondent's time. This would
2 include, in person interviews, researching and answering questions, getting documents, reading them,
3 analyzing them and communicating the results. All of these things did not allow for anything else
4 and were dependent on Attorney's exclusive attention. Respondent withdrew from representation in
5 Court, all the while informing GARCIA in person and in detail the pertinent events precluding
6 representation. A complete file with proper reason and accounting were also sent to GARCIA.
7

8 **COUNT THIRTEEN**

9 Respondent provided a proper and detailed accounting to GARCIA and in addition to
10 communicating such in person and giving a copy, an accounting was sent to GARCIA.

11 **COUNT FOURTEEN**

12 GARCIA issued a check with insufficient funds to respondent. Respondent worked on
13 matter and provided an explanation and a written accounting for fees earned.

14 **COUNT FIFTEEN**

15 'Ms. Mora, aka., Jordan, aka Bourguin, hereinafter "Margarita", had been actively seeking
16 information and counsel for about a decade (10 years) from respondent. At all times for the period to
17 2012, respondent had counseled Margarita in regard to her legal questions. Respondent did not
18 solicit for his time, rather Margarita actively sought out respondent for about ten years prior to 2012.

19 Sometime in September 2011, Margarita was arrested and subsequently turned over to
20 immigration custody. Respondent, using experience, specialized knowledge was able to talk to the
21 immigration officials before Margarita arrived at the holding facility. In addition, respondent was
22 able to show immigration officials enough information to get her released from immigration custody,
23 without the need of additional time in detention and without the need for posting a Bond.
24 Respondent prepared an application for relief from deportation. Respondent kept Margarita
25 informed of respondent's status. In fact, respondent corrected Margarita on hearing dates.
26
27
28

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

COUNT SIXTEEN

Respondent denies allegations 103 -106.

COUNT SEVENTEEN

Respondent did not receive all notices in regard to Margarita. Respondent did not practice law when not entitled to do so. If respondent received information in regards to Margarita while under a period of suspension, it was forwarded to Margarita.

COUNTS EIGHTEEN-NINETEEN

Respondent worked for over a decade on Margarita's case. When Margarita was arrested, Respondent was able to secure her release in a very, very quick and cost effective manner. Respondent caused to be filed Margaritas application against deportation. All fees were earned, and disclosed as such.

COUNT TWENTY

Catalina has claimed no communication with respondent. Respondent denies lack of communication and states that Catalina had access at all times to respondent, and had direct telephone communication with him.

COUNT TWENTY ONE

Respondent was available to Catalina and Catalina had access to respondent at all times. Respondent communicated status of matter and requested cooperation from client.

COUNT TWENTY TWO-TWENTY THREE

Catalina was aware of respondent's moving offices and had all contact numbers for respondent.

COUNT TWENTY FOUR

Respondent is not sure what fees are owed to Catalina as there have been some medical issues for respondent. Respondent is desirous to fulfill any obligation(s) owed to Catalina.

COUNT TWENTY FIVE

In regards to cooperation, respondent has at all times cooperated with inquiries and immediately returned phone calls. As previously stated, respondent suffered a massive stroke on 07/21/12. It was also discovered that respondent had suffered multiple mini-strokes for the previous

1 two years period. All of these medical incidents had adversely affected respondent's physical and
2 mental state(s). They are solely attributable to uncontrolled hypertension and stress, which is now
3 totally under control and monitored. Further, in regard to cooperation, respondent communicated
4 with investigation(s) while in the Intensive Care Unit. Respondent was told "not to worry" and to
5 "get better first." That, "you've got more important things to worry about right now." As respondent
6 had communicated the stroke, where he was etc., as well as sending a letter from the ICU, respondent
7 reasonably understood he had additional time to comply.
8

9
10 Respectfully submitted.
11

12
13 11.08.12

14 By: 
15
16
17
18
19
20
21
22
23
24
25
26
27
28

Manuel Gonzalez

Exhibit A

UC San Diego

HEALTH SYSTEM

July 24, 2012

UC San Diego Medical Center
200 West Arbor Drive
San Diego, CA 92103

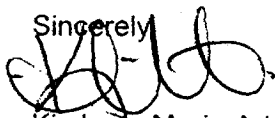
7/24/2012

To Whom It May Concern:

Manuel Gonzalez was admitted to the inpatient setting on 7/21/2012 2:18 PM at UC San Diego Medical Center. Mr. Gonzalez remains in the surgical intensive care unit and a day of discharge cannot be anticipated at this time. As a result, Mr. Gonzalez's wife Andrea Gonzalez is requested at the bedside for emotional support and for discharge planning purposes.

Thank you for your attention to this important patient and family care matter.

Sincerely



Kimberly Marie Adcock, MSW

Exhibit B

Schedule Date
07/22/12

Schedule Time
0128 PDT

Rad Entry Information

Entry Date
7/22/2012

Entry Time
6:00 AM

Resulting Agency
RADIOLOGY

Entry Date

7/22/2012

Result Narrative

HISTORY:

Intracranial hemorrhage.

COMPARISON STUDIES:

CT head/brain 17/21/2012

TECHNIQUE:

A helical CT of the head was performed with 5 mm contiguous axial slices from the foramen magnum to the vertex of the skull.

Total exam DLP: 670mGy-cm

Exam CTDIvol: 46mGy

FINDINGS:

Redemonstration of the intraparenchymal hemorrhage centered in the right subinsular region, stable in size measuring approximately 3.7 cm in greatest dimension. No significant interval change in the degree of surrounding edema or local mass-effect. No significant midline shift is present. The basal cisterns remain patent.

The soft tissues of the scalp are normal. The calvarium and skull base are normal without evidence of fracture or other abnormality. Mild mucosal thickening in the ethmoid air cells bilaterally. The remaining visualized paranasal sinuses and mastoid air cells are clear.

IMPRESSION:

1. No significant interval change in the degree of intraparenchymal hemorrhage centered in the right subinsular region compared to the CT head/brain on 7/21/2012.
2. Stable amount of surrounding vasogenic edema and local mass effect.

I have reviewed the images and agree with the resident's interpretation.

Rad and Schedule

CT HEAD (Order #50323261) on 7/22/2012 - Rad and Schedule Information

Result History

CT HEAD (Order#50323261) on 7/22/12 - Order Result History Report.

Radiologists

Principle Result Interpreter
HOSSEINI RIVANDI,ALI

Other Signers
IMBESI, STEVEN G. [12080]

Result Information

Results

MR BRAIN (Accession 41458057) (Order 50340681)

Allergies

(No Known Allergies) Date Reviewed: 08/10/12

Rad Schedule

Schedule Date
07/23/12

Schedule Time
7:53 PM PDT

Rad Entry Information

Entry Date
7/23/2012

Entry Time
8:00 PM

Resulting Agency
RADIOLOGY

Entry Date

7/24/2012

Result Narrative

-----Addendum start-----Please
note that while no abnormal enhancement is definitely identified, the
intrinsic high T1 signal of the methemoglobin may mask underlying small foci
of enhancement and thus small underlying enhancing lesion is not entirely
excluded on this MRI alone.

-----Addendum end-----

→ **MRI Brain without and with IV Contrast**

History: 44-year-old male with history of hypertension presents with
nontraumatic right subinsular intracranial hemorrhage with no confirmed cause
except hypertension. Evaluate for underlying mass.

Technique: MRI of the brain was performed on a 1.5T GE magnet, before and
after the uneventful administration of 10 mL of Multihance intravenous
contrast. Imaging included axial and sagittal pre-contrast T1-weighted, axial
and coronal post-contrast T1-weighted, axial and coronal T2-weighted, axial
T2*-weighted, axial FLAIR, and axial DWI sequences.

Comparison: No prior MRI. Correlation is made to CT of the brain dated
7/22/2012

Findings:

There is redemonstration of the large intraparenchymal hemorrhage centered
within the subinsular region and extending into the lentiform nucleus and
posterior internal capsule on the right with adjacent surrounding edema.
There is no significant interval change in size of the hemorrhage. Signal
characteristics of the hemorrhage demonstrate a mixture of deoxyhemoglobin as
well as intracellular methemoglobin, suggesting that the hemorrhage is
approximately 3-4 days old. No abnormal enhancing components to suggest an
underlying mass. No midline shift. There is minimal mass effect upon the
right lateral ventricle. The temporal horns are not dilated.

There are scattered punctate foci of restricted diffusion along the posterior
frontal and parietal lobes on the right as well as a punctate focus of
restricted diffusion within the left lentiform nucleus.

The basal cisterns are patent. There are scattered foci of susceptibility

artifact noted within the cerebellum bilaterally and within the cerebral hemispheres bilaterally. These likely represent microhemorrhages which may related to hypertension. Alternatively, they may present multiple cavernomas.

There are multiple periventricular foci of T2 prolongation which are perpendicularly oriented to the ventricles. There are nonspecific and may be seen with hypertension or vasculitis. However, the perpendicular orientation raises the suspicion for demyelinating process such as multiple sclerosis. No abnormal enhancement of these foci. The gray white matter differentiation is otherwise preserved. No evidence of other recent territorial infarct.

A mucus retention cyst is noted within the left maxillary sinus. Mild mucosal thickening is noted within the maxillary sinuses as well as mild opacification of the ethmoid air cells bilaterally. The remaining paranasal sinuses as well as the mastoid air cells are essentially clear. No suspicious bone marrow signal.

Impression:

1. Right-sided intraparenchymal hemorrhage is unchanged in size. No abnormal enhancement to suggest underlying lesion.

2. Scattered punctate foci of restricted diffusion within the posterior frontal and parietal lobes on the right as well as a single punctate focus of restricted diffusion within the left lentiform nucleus. The findings may represent additional areas of acute ischemia. Thus, an embolic source is not excluded.

3. Multiple foci of T2 prolongation which are perpendicularly oriented to the ventricles may be seen with hypertension or vasculitis. However, the orientation raises suspicion of a demyelinating process such as multiple sclerosis.

4. Multiple foci of susceptibility within the cerebellum and cerebral hemispheres bilaterally may be secondary to prior small hypertensive bleeds. Alternatively, they may represent multiple cavernomas.

"I have reviewed the images and agree with the fellow's interpretation."

Rad and Schedule

MR BRAIN (Order #50340681) on 7/22/2012 - Rad and Schedule Information

Result History

MR BRAIN (Order#50340681) on 7/24/12 - Order Result History Report.

Radiologists

Principle Result Interpreter
MANKARIOUS, MAIKEL

Other Signers
IMBESI, STEVEN G. (12080)

Result Information

Status
Edited (7/24/2012 3:36 PM)

Provider Status
Ordered

**MR BRAIN (Order
50340681)**

Imaging
: 50340681

Authorizing: Minokadeh, Anushirvan,
MD
Department: Hc 10-East

Date: 7/22/2012
Released By: Rousseau, Justin
Frederick, MD

Order Information

Order Date/Time
7/22/2012 10:27 AM

Release Date/Time
7/22/2012 10:27 AM

Start Date/Time
7/22/2012 10:30 AM

End Date/Time
7/22/2012 10:30 AM

Gonzalez, Manuel (MRN: 2617187-6) DOB: 04/07/1968

Electronic Signatures

Electronically Authorized By
Minokadeh, Anushirvan, MD

Electronically Ordered By
Rousseau, Justin Frederick, MD

Order History

Order Date/Time	User	Action	Order ID
07/22/12 1027	Rousseau, Justin Frederick, MD	Current Order	50334429
07/22/12 1014	Rousseau, Justin Frederick, MD	Modified from	50334420

Encounter

[View Encounter](#)

Coverage Information

Payor	Plan
SELF PAY	SELF PAY
GRANT/STUDY P07	GRANT/STUDY P07

Patient Information

Patient Name	Sex	DOB AGE
Gonzalez, Manuel (2617187-6)	Male	4/7/1968 (44 year old)

Patient Number:
90179201

Results

CT HEAD (Accession 41458152) (Order 50340698)

Allergies

(No Known Allergies) Date Reviewed: 08/10/12

Rad Schedule

Schedule Date	Schedule Time
07/22/12	1441 PDT

Rad Entry Information

Entry Date	Entry Time	Resulting Agency
7/22/2012	2:41 PM	RADIOLOGY

Entry Date

7/22/2012

Result Narrative

HISTORY:
Left sided weakness

COMPARISON STUDIES:
CT head/brain same day at 6:18 a.m.

TECHNIQUE:
A helical CT of the head was performed with 5 mm contiguous axial slices from the foramen magnum to the vertex of the skull.

Total exam DLP: 670mGy-cm
Exam CTDIvol: 43mGy

FINDINGS:
Please see impression.

IMPRESSION:

1. Overall, minimally increased (approximately 2-mm) in the size of intraparenchymal hemorrhage centered in the right subinsular region compared to the CT head/brain same day at 6:18 a.m., otherwise unchanged compared to the prior CT.

2. Please see report of CT head/brain performed earlier today for detailed findings.

I have reviewed the images and agree with the resident's interpretation.

Rad and Schedule

CT HEAD (Order #50340698) on 7/22/2012 - Rad and Schedule Information

Result History

CT HEAD (Order #50340698) on 7/22/12 - Order Result History Report

Radiologists

Principle Result Interpreter
HOSSEINI RIVANDI, ALI

Other Signers
IMBESI, STEVEN G. [12080]

Result Information

Status
Final result (7/22/2012 1918)

Provider Status
Ordered

CT HEAD (Order 50340698)
Imaging
: 50340698

Authorizing: Minokadeh, Anushirvan,
MD
Department: Hc 10-East

Date: 7/22/2012
Released Cho, Jaehoon, MD
By:

Order Information

Order Date/Time
7/22/2012 1027

Release Date/Time
7/22/2012 1027

Start Date/Time
7/22/2012 1030

End Date/Time
7/22/2012 1030

Order Details

Frequency
ONE TIME

Duration
1 occurrence

Priority
Pending Discharge

Order Class
Hospital Performed

Priority and Order Details

Priority
Pending Discharge

Order Status
Completed

Class
Hospital Performed

Specimen Information

Collection Date
7/22/2012

Collection Time
2:41 PM

Resulting Agency
RADIOLOGY

Order Questions

Question

Answer

Comment

Contrast:

Without

Reason:

c. Tumor Evaluation

MR Angiography:

Unspecified

Indications:

stroke

Prior Reaction to Contrast Media?

Unknown

Prior Anaphylactic Reactions to Any

Unknown

Allergen?

Defer to Radiologist's Protocol for Final

Yes

Exhibit C

[I Had High Blood Pressure](#) Now it's down to 120/75. Find out how I did it without drugs [RESPerATE.com/LowerBPNaturally](#)

[Study for Cystic Acne](#) Learn About a Different Treatment Option for Cystic Acne. [www.Clear-Study.com](#)

[Recovering From a Stroke?](#) Enroll In A Clinical Trial of Stem Cells For Stroke Rehab.

[About the Study - Eligibility Questionnaire](#)

[Nerenberg Neurofeedback](#) Board Certified BCIA ADHD- Anxiety/Depr- Pain- Autism [www.sandiegoneurofeedback.com](#) [AdChoices](#) [D](#)

Health

About.com Stroke

Share

Stroke and Memory Loss

[Discuss in our forum](#)

From Jose Vega M.D., Ph.D., About.com Guide June 20, 2008

Many people are not aware of the fact that multiple strokes, or mini-strokes, can make a person completely lose touch with her memories. What's worse, the damage can sometimes be so bad that it causes a person to lose touch with reality, and with the outside world. Obviously, this can happen when strokes are so large that a person is left comatose. However, in some cases the only hint that a person had a stroke is that she acts as though she has Alzheimer's Disease.

Some parts of the brain are critical for appropriate cognitive function, and damage to any of these areas, or their connections with other similarly important parts of the brain, due to a stroke, can significantly impair a person's ability to remember, and even to think.

This is a rare event, however. Milder forms of the same phenomenon can also make someone lose a significant fraction of their ability to remember things. In some cases the damage can be significant enough to make someone quit their job, or to significantly change their interactions with others. Obviously, this phenomenon, known as vascular cognitive impairment, is driven by the same risk factors that cause strokes, including high blood pressure, high cholesterol, diabetes, etc. This is yet one more reason to keep your stroke risk factors under control.

Recommended reading:

[Who is at risk of stroke?](#)

[All about stroke risk factors](#)

[Long term effects of stroke](#)

[< Prev](#) [Next >](#)

Comments

Comments are closed for this post.

Related Searches [Memory Loss](#) [Stroke](#)

Stroke Memory Problems

Practical Tips for Memory Loss After a Stroke

By [Stephanie Trelogan](http://www.caring.com/authors/stephanie-trelogan)

(<http://www.caring.com/authors/stephanie-trelogan>), Caring.com senior editor

2 Comments ([#comment-widget](#))

87% helpful



()

Types of memory problems that can occur after a stroke

Some memory loss after a stroke is common, but sometimes it's so subtle, you might not even notice the problem until the stroke survivor has to perform complicated daily tasks.

Memory problems can manifest either as trouble learning new information and skills or trouble remembering and retrieving information.

- **Problems with verbal memory:** trouble learning or remembering names, stories, or other information having to do with words.
- **Problems with visual memory:** trouble learning or remembering faces, shapes, directions, or other things sensed by sight.
- **Vascular dementia:** an overall decline in thinking abilities, with symptoms similar to Alzheimer's.

It's unlikely that a stroke survivor's memory will be completely restored. But for many people, memory can improve over time, spontaneously or with rehabilitation. Meanwhile, here are ways you can help.

- **If memory loss is dramatic, address the problem when the person is still in the hospital.** If a stroke survivor can't remember his name or where he lives, you'll need to arrange for more care than he had before the stroke.
- **Keep important items in designated places.** For example, hang keys on a hook by the door and keep wallets or purses on a hall table.
- **Set daily routines** performed in the same sequence. For example, to get ready for bed, he'll first put on pajamas, then brush teeth, and then use the toilet.


- **Repeat yourself often if a stroke survivor forgets what you've said.** Though it can be frustrating to say the same thing over and over, you're helping him by patiently repeating what you've already said.
- **Help him keep a notebook of important information.** You might want to divide it into separate sections, with labels for doctor's appointments, medications, and personal information.
- **Create mnemonic devices to help remember simple tasks.** For example, the phrase "ALL OK" might help a stroke survivor remember what needs to be done before he leaves the house: appliances (off), lights (off), locked (door), oven (off), keys (in pocket).

Exhibit D

Wireless Usage Details

[View bill details](#) | [Billing history](#) | [View bill & usage reports](#) | [Payment activity](#) | [Change billing address](#) | [Payment options](#)

Wireless_1 547869245

 WIRELESS CALL
619-991-5555

Billing Period July 10, 2012 - August 9, 2012

Usage Summary Usage since last bill



Wireless Details for 619-991-5555

Talk

FamilyTalk Nation 1400 with Rollover

Shared Anytime Minutes ?

Member has used 128 minutes

425 of 1400 used by
group

Text

Messaging Unlimited

Shared Messaging ?

Unlimited - 1168 used

Web

Data Unlimited

Data ?

Unlimited - 3210462 KB used

Pay Per Use

Wireless Details for 619-991-5555

[Print](#)

You may research usage and payment activity for any of your wireless accounts based on the billing period you selected above. Type in the wireless phone number for the wireless account you are inquiring on, select one of the search options from the drop down box, and then select "Search Usage".

Search

in Date



Filter Details by Talk

Phone Book ? On Off Manage

[Download call details](#)1 2 3 4 5 [View all](#)

#	Date	Time	Number Called	Min	Airtime Charge	LD/Add'l Charge	Feature	Total Charge
51	07/18/2012	11:27AM	619-865-3533	1	0.00	0.00	M2AM	0.00
52	07/18/2012	12:08PM	619-865-3533	1	0.00	0.00	M2AM	0.00
53	07/18/2012	03:10PM	619-246-0205	1	0.00	0.00	M2AM	0.00
54	07/18/2012	06:50PM	858-729-8642	1	0.00	0.00	M2AM	0.00
55	07/19/2012	10:32AM	619-233-8460	1	0.00	0.00		0.00
56	07/20/2012	07:07PM	619-206-6595	1	0.00	0.00	M2AM	0.00
57	07/20/2012	07:08PM	619-206-6595	2	0.00	0.00	M2AM	0.00
58	07/20/2012	08:43PM	619-934-1972	1	0.00	0.00		0.00
59	07/21/2012	11:28AM	619-632-5251	1	0.00	0.00		0.00
60	07/21/2012	12:44PM	619-865-3533	1	0.00	0.00	M2AM	0.00
61	07/21/2012	12:50PM	619-865-3533	1	0.00	0.00	M2AM	0.00
62	07/21/2012	12:52PM	619-865-3533	1	0.00	0.00	M2AM	0.00
63	07/22/2012	12:06PM	480-857-4978	4	0.00	0.00		0.00
64	07/23/2012	07:32AM	760-717-1923	2	0.00	0.00	M2AM	0.00
65	07/23/2012	08:30AM	858-729-8642	1	0.00	0.00	M2AM	0.00
66	07/23/2012	08:31AM	619-206-6595	1	0.00	0.00	M2AM	0.00
67	07/23/2012	08:31AM	480-857-4978	2	0.00	0.00		0.00
68	07/23/2012	05:49PM	602-740-1892	1	0.00	0.00	M2AM	0.00
69	07/24/2012	12:44PM	619-865-3533	1	0.00	0.00	M2AM	0.00
70	07/24/2012	12:46PM	619-865-3533	1	0.00	0.00	M2AM	0.00
71	07/24/2012	01:22PM	858-442-1934	3	0.00	0.00	M2AM	0.00
72	07/24/2012	03:32PM	619-865-3533	1	0.00	0.00	M2AM	0.00
73	07/24/2012	05:03PM	602-740-1892	3	0.00	0.00	M2AM	0.00
74	07/24/2012	07:14PM	619-246-0205	2	0.00	0.00	M2AM	0.00
75	07/24/2012	10:29PM	619-865-3533	3	0.00	0.00	M2AM	0.00
76	07/25/2012	08:28AM	213-765-1043	1	0.00	0.00		0.00
77	07/25/2012	08:40AM	619-865-3533	1	0.00	0.00	M2AM	0.00
78	07/25/2012	08:41AM	213-765-1043	1	0.00	0.00		0.00
79	07/25/2012	08:53AM	213-765-1043	1	0.00	0.00		0.00
80	07/25/2012	09:03AM	213-765-1043	1	0.00	0.00		0.00
81	07/25/2012	10:25AM	619-994-1232	2	0.00	0.00	M2AM	0.00
82	07/25/2012	10:31AM	408-295-4412	1	0.00	0.00		0.00
83	07/25/2012	10:36AM	408-295-4412	1	0.00	0.00		0.00
84	07/25/2012	12:22PM	213-765-1043	1	0.00	0.00		0.00
85	07/25/2012	02:42PM	213-765-1043	1	0.00	0.00		0.00
86	07/25/2012	02:57PM	619-865-3533	1	0.00	0.00	M2AM	0.00
87	07/25/2012	02:58PM	213-765-1043	1	0.00	0.00		0.00

#	Date	Time	Number Called	Min	Airtime Charge	LD/Add'l Charge	Feature	Total Charge
88	07/25/2012	03:09PM	213-765-1043	1	0.00	0.00		0.00
89	07/25/2012	03:10PM	619-865-3533	4	0.00	0.00	M2AM	0.00
90	07/25/2012	03:54PM	213-765-1043	2	0.00	0.00		0.00
91	07/25/2012	04:04PM	619-283-7381	5	0.00	0.00		0.00
92	07/25/2012	08:35PM	619-865-3533	9	0.00	0.00	M2AM	0.00
93	07/26/2012	08:38AM	213-765-1043	1	0.00	0.00		0.00
94	07/26/2012	09:07AM	213-765-1043	18	0.00	0.00		0.00
95	07/26/2012	03:15PM	000-000-0000	1	0.00	0.00		0.00
96	07/26/2012	03:16PM	619-865-3533	1	0.00	0.00	M2AM	0.00
97	07/26/2012	03:44PM	619-865-3533	4	0.00	0.00	M2AM	0.00
98	07/27/2012	09:16AM	619-246-0205	8	0.00	0.00	M2AM	0.00
99	07/27/2012	09:24AM	602-740-1892	1	0.00	0.00	M2AM	0.00
100	07/27/2012	12:42PM	213-765-1043	1	0.00	0.00		0.00
Total Call Detail				398	0.00	0.00		0.00

Legend*:

Feature Code: CW=Call Waiting M2AM=Mobile 2 Any Mobile

1 2 3 4 5 View all

Monitor your wireless account regularly to avoid data and wireless phone overages. You may also manage your account and make changes to any of your current plans.

Contract (Wireless) | Cell Phone Records Security | Wireless Legal Site

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

STATE BAR OF CALIFORNIA COURT

Declaration of Service

In the Matter of Manuel A. Gonzalez,
(CSB 219130).

) CASE NO. 12-N-16025; 12-O-12219;
) 12-O-12410; 12-O-12507; 12-O-
) 12759; 12-O-13128
) **PROOF OF SERVICE FOR**
) **RESPONSE TO DISCIPLINARY**
) **CHARGES**
)

PROOF OF SERVICE DECLARATION

I, the undersigned, am over the age of (18) eighteen years and not a party
within the action, whose address is 2090 Cable Street, San Diego, CA 92107, declare
that:

On the date shown, I caused to be served a true copy of the within document
described as follows: Response to Notice of Disciplinary Charges, via
overnight/express delivery to:

The State Bar Court of California
1149 So. Hill Street
Los Angeles, CA 90015

State Bar of California
Office of the Chief Trial Counsel
1149 South Hill St.
Los Angeles, CA 90015

I declare under penalty of perjury, under the laws of the State of California,
that the foregoing is true and correct. Executed at San Diego, CA on 11/09/2012.


Andrea Smith-Gonzalez

[Type text]